

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16	1					
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
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38						
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40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL NO.	3					
TOTAL DEF.	23					
TOTAL	26					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
66						
66						
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68						
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96						
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97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						